## 04/21/03 ACCESS

## MEDICARE CURRENT BENEFICIARY SURVEY

Facility Identification

2001

RIC: 7
Page: 1
Version: 2

Variable	Col :	Len	Format	Frequency ComQues#	FacQues#	Variable Type & Label	
This file provides general characteristics of the institutions, most of the information coming from the facility screener. Sometimes, more than one sample person resided in the same facility. In these cases the RIC 7 records are redundant (containing all of the same information), and differ only in the BASEID. There is one record for each sample person interviewed in a facility.							
RIC	1	2				C Record Identification Code	
VERSION	3	1				C Version Number	
BASEID	4	8	\$BSIDFMT			C Unique SP Identification Number	
				1,215	LOW-H	IGH BASEID Count	
FACILID	12	6	\$FIDFMT			C Facility ID	
				1,215	LOW-H	IGH FACILID Count	
			NOTE: Ra	ndomly-assigned num	ber		
FACOWNED	18	2	OWNDES		FA31	N Description of Ownership of facility	
PLACTYPE	20	2	PLACFMT	1 2 758 320 62 63 6 0 3 3 67 760 9 23 127 28 11 31 5 9 47 6 75	FA1, FA5	-9 Not ascertained -8 Don't know 1 Proprietary 2 Private non-profit 3 City/county government 4 State government 5 Veterans Administration 6 Other federal agency 91 Other specify  N Facility description  3 Continuing Care Retirement Community 4 Nursing home 5 Retirement community 6 Hospital 8 Assisted living 9 Board & care home 10 Domiciliary care facility 11 Personal care facility 12 Rest home/retirement home 15 Mental health center psychiatric setting 16 Mentally ret/developmentally disabled 17 Rehabilitation facility 18 Adult/group home	
			NOTE: Fi	17 rst available in 20	01	91 Other	
FACLONGT	22	2	YES2FMT		FA8	N Does facility provide long term care?	
				1,215 0		1 Yes 2 No	
FACLTBED	24	4	BEDFMT			N Number of long term beds only	
				5 0 1,210	1-99	-8 Don't know 0 No beds of this type 999 Number of beds	

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			Format Frequency			Variable Type & Label	
FACTOBED	28	4	BEDFMT		FA19	N Total number of beds in facility	
				5		-8 Don't know O No beds of this type 99 Number of beds	
MANDMBED	32	4	BEDFMT		FA43	N $\#$ of beds certified for Mcare & Mc	aid
			13 559 647			-8 Don't know O No beds of this type 99 Number of beds	
			NOTE: First availa	able in 19	97		
MCAREBED	36	4	BEDFMT		FA45	N Number of Medicare-only certified	beds
			14 1,127 74			-8 Don't know O No beds of this type 99 Number of beds	
			NOTE: First availa	able in 19	97		
MCAIDBED	40	4	BEDFMT		FA44	N Number of Medicaid-only certified	beds
			15 923 275			-8 Don't know O No beds of this type 99 Number of beds	
			NOTE: First availa	able in 19	97		
ICFMRBED	44	4	BEDFMT		FA45b	N Number of ICF/MR certified beds	
			1,162 48	2		-8 Don't know O No beds of this type 99 Number of beds	
			NOTE: First availa	able in 19	97		
CERTBEDS	48	4	BEDFMT		FA46	N Number of uncertified beds	
			1 9 815 390	5		-9 Not ascertained -8 Don't know O No beds of this type 99 Number of beds	
			NOTE: Derived s	sum of MNO	RBED, OLTCI	BED, and NLTCBEDS	
MNORMBED	52	4	BEDFMT		FA45a	N Beds not certified, but licensed f	or NH
			1,130 81	3		-9 Not ascertained -8 Don't know 0 No beds of this type 99 Number of beds	
			NOTE: First availa	able in 19	97		
OTLTCBED	56	4	BEDFMT		FA45c	N Number of other long term care bed	s
			891 317	=		-8 Don't know O No beds of this type 99 Number of beds	

NOTE: First available in 1997

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
NLTCBEDS	60	4	BEDFMT	5		-	N # of beds where certification is unknown -9 Not ascertained
				1,069 141			0 No beds of this type 999 Number of beds
			NOTE: Fi	rst availa	ole in 199	97	
ROOMCARE	64	2	YES2FMT			FA22c	N Facility provide nursing/medical care?
				1,096 119			1 Yes 2 No
SUPRVMED	66	2	YES2FMT			FA22c	N Facil supervises self-administered meds?
				1,212 3			1 Yes 2 No
FHLPBATH	68	2	YES2FMT			FA22c	N Does facility provide help w/bathing?
				1,195 20			1 Yes 2 No
FHLPDRES	70	2	YES2FMT			FA22c	N Does facility provide help w/dressing?
				1,191 24			1 Yes 2 No
FHLPSHOP	72	2	YES2FMT			FA22c	N Does facility provide help w/shopping?
				1,204 11			1 Yes 2 No
FHLPWALK	74	2	YES2FMT			FA22c	N Does facility provide help w/walking?
				1,166 49			1 Yes 2 No
FHLPEAT	76	2	YES2FMT			FA22c	N Does facility provide help w/eating?
				1,153 62			1 Yes 2 No
FHLPCOMM	78	2	YES2FMT			FA22c	N Does facil provide help w/communication?
				1,189 26			1 Yes 2 No
FHLPNURS	80	2	YES2FMT			FA22a	N Does facil provide 24-hour nursing care?
				1,202 13			1 Yes 2 No

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Variable	Col	Len	Format Frequence	y ComQues#	FacQues#	V -	Variable Type & Label
MCARERES	82	4	RESFMT		FA48	N	N # of residents w/ Mcare as primary payor
			4	6 5 3 1	1-99	-9 -8 -7	. Inapplicable 9 Not ascertained 8 Don't know 7 Refused 9 None 9 Number of residents
		į	NOTES: Applies only First avail			r M	1CAREBED > 0
MCAIDRES	86	4	RESFMT		FA47	N	N # of residents w/ Medicaid payment
			5	5 3 3 5	1-99	-9 -8 -7	Inapplicable Not ascertained Don't know Refused None Number of residents
		į	NOTES: Applies only First avail			r M	4CAIDBED > 0
PRPAYRES	90	4	RESFMT		FA49	N	N # of residents who have private pay only
			:			-7 0	3 Don't know 7 Refused ) None 9 Number of residents
MIDNTRES	94	4		1010 111 200		N	N Midnight census count last night
			2		1-99	-8 0	9 Not ascertained 3 Don't know 0 None 9 Number of residents
SPIDCNT	98	2	SPFMT			N	N Number of SPs in facility
				3 9 6		2 3 4 5 6 7 8	1 One sample person 2 Two sample people 3 Three sample people 4 Four sample people 5 Five sample people 6 Six sample people 7 Seven sample people 8 Eight sample people 9 Nine sample people 1 Ten sample people

NOTES: Determined from administrative records. First available in 1992